

APPENDIX I

UC SAN DIEGO CONFERENCE SURVEY



November 5, 2001

Dear Participant:

As you know, we (California Alcohol and Drug Programs Office utilizing the University of California, San Diego's Pacific Southwest Addiction Technology Transfer Center) will be holding another statewide Prop 36 meeting in the winter (probably February) and would like to gain your input for the content and structure of that meeting.

1). Since you now have some hands-on experience in making this program work, what educational/training information would be useful to you? Please rank order the choices below, with 1 being your area of first choice, up to 3 choices:

	1	2	3
ASI (Addiction Severity Index)	6	4	7
Treatment Models	6	12	11
Specific drug info		3	3
Cultural concerns		5	3
Motivational group work	4	7	9
Gender issues	1		
Working collaboratively	9	12	11
Dealing with relapse/noncompliance	31	8	10
Counselor training	1	4	4
Other:	7	2	

Other suggestions

- Fiscal data collection
- Development of alternative/creative approaches/ partnerships to treatment and long-term follow-up... it seems clear that we must work hard to approach treatment with limited funding in a manner we haven't clarified yet... we don't have it yet – we need to brainstorm across and beyond our current areas of expertise/understanding ... involve the consumer/defendant and families – they know what has not worked. We must find a way to individualize programs.
- Lessons learned from other counties

2). Are there any specific problems that have you have encountered that you would like to discuss?

Describe:

- Illegal aliens and Prop 36/ non-English speaking referrals.
- Out of State defendants and Prop 36.
- How or if we should work with sober living environments (non-licensed)

- What AOD funding sources can be used when the county has used all Prop 36 funds
- County transfers
- Capacity building
- Working collaboratively
- Improving determination of legal eligibility outcomes
- Compressing the procedures of assessment, referral and treatment programs intake to reduce participation drop-off.
- Coordinate treatment program with tribal treatment programs.
- Working collaboratively with all team members
- How to handle high-risk defendants who need more than treatment service and don't have ability to access treatment services themselves.
- How treatment dollars are being spent- are there budgetary mechanisms to match spending of funds with amount of money available under Prop 36? (to avoid spending too much or too little money on treatment needs of defendants)
- The way the DA's office is changing client to make them ineligible.
- Parole referral process – standardized forms for referral
- The issue of case management – which is it? Who does it? How to get everyone to see making providing supportive service to clients important. This is not usually something probation officers, maybe aod staff, know much about.
- Intra county differences in implementation when referring for treatment services.
- Putting clients into treatment prior to sentencing. Clients are left in limbo
- What do we do if we have a choice to fund treatment or staff for case management, but not both?
- Territorial boundaries; i.e. treatment/courts
- Redefine “supervision” as it applies to Prop 36 probation
- Teach courts and probation some general concepts, and overall benefit of positive reinforcement
- Relationship SACPA/Drug Courts lack of communication between SACPA – BPT/Local Parole
- Lack of residential treatment beds
- “Poaching” qualified staff Fr. Our own agency = lack of adequate staff coverage.
- How does the county track SACPA clients in private treatment?
- Judges, District Attorney's and Public Defenders not truly on board which rolls into probation. This mainly being a problem in Sutter County. I do not believe that any of the above has ever participated in any training including this one. I believe this whole regime is out to sabotage this new law. Mandated is maybe a term they will understand!
- Where does or how does this program reach a CAP/ Financially and staffing (probation, in my case) we are approaching beyond capacity rather quickly.
- Fiscal concerns – [particularly how to sustain established capacity over the five years and beyond.
- Dual diagnosis Programs – what design will Prop 36 funds pay for? What kind of staffing?
- Statewide direction on issues such as courtesy supervisions of probation cases
- Cross county cases – stronger ADP guidance
- Continuing resistance to methadone maintenance
- Best practices/models and standard forms (coordinated with data collections / evaluation needs)
- Policy questions unanswered
- Potential insufficient funding
- Develop system that will notify Prop 36 program when parolee is released from CDC
- Double eligibility = Drug courts/Prop 36
- Court referral process

- Debate over a lot of the language in the Prop. Who is eligible, when are the 31 days implemented – then does the client go back on regular probation, formulas opposed to summary probation (who assesses public safety for summary?)
- Out of county issues, proposals, agreements between county and lead agency
- Role of probation in the Prop 36 process. At what point and who is responsible to fail drug treatment. Need a guideline from state to determine non-compliance and failure of treatment program.
- How to solve the problem of cross county cases. Both treatment and probation supervision.
- Sharing of policies and procedures
- What is State looking for in county protocols?
- Will run out of treatment \$ year 2 or year 3
- Lack of licensed residential programs.
- Lack of de-tox and sober living facilities
- Access to treatment in some counties is several weeks delayed
- Inability to provide treatment to the dually diagnoses. Finding alternatives to residential treatment when at capacity and assessment recommends residential. Effectively dealing with vials of probation.
- Breakthrough we have a stakeholder steering committee and work group, maintaining the AOD treatment focus rather than the CJ punishment / control focus is difficult would like tips in working with courts / judges tend to be individually very autocratic.
- Just the uncertainty of not knowing how many people we will see and the \$ issues. I realize that no one person has the answer we will have to stay involved and do the best we can.

3). How much time should be spent on problem-solving?

10 One hour 29 Two hours 14 Half day 18

Other:

1 ½ days

4). Do you wish to have time for breakout sessions with your professional groups, i.e. county D.A.s, Public Defenders, Judges, Probation, Parole, etc.?

50 Yes 13 No

5). If yes to Q4, how much time would you like to spend in these breakout sessions?

18 One hour 27 Two hours 4 Half day 1 Other 2 One hour sessions

6). Is there anything else you would like to see at this next meeting?

- More specific operational problem solving.
- Available Statistics using CalTOPs generic rather than 36 are okay.
- Data collection static gathering information
- What the state will require regarding stats, reporting and how to collect this data
- More interaction with the speakers
- More opportunity for counties to speak to each other about their programs
- CEUS for MFTs and LCSWs
- Focus on treatment programs that work in rural areas
- More material on what the “best practice” are of different counties – so we can accept or copy.
- How sanctions are happening without jail, and it appears some counties do use jail, how do they get around the law by using jail?

- Possibly some successful and unsuccessful clients and their view of the program
- How to collect data that can be used as measuring outcome?
- Equal percentage of interactive versus panel approach
- Addressing the issues as they come up
- Development of regional workgroups for support
- Open honest discussion – clarity of individual needs and individual programs.
- A brief mid-year presentation of how other client's counties implement SACPA
- Smaller breakout groups each comprised of reps from treatment, courts, probation, county AOD/MH, service providers to serve as working sessions for problem solving with a report out at the end of each day.
- Caselaw update related to Prop 36
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- Education on legislation impacting Prop 36 and suggestions on how to affect pending legislation
- Take a leadership role in identifying trainers on areas for all disciplines
- How to fund services i.e. family counseling, medical services, mental health services, etc.
- County Prop 36 funding appears too small to provide \$ to treatment, courts, probation and other services not historically provided.
- See how other counties are collaborating
- Have people send in problems in advance so people are prepared to answer for discussion into sessions.
- Direction of all Prop 36 teams contact information
- Direction of all licensed and certified Alcohol Dual programs by ADP (as reference manuals)
- On site lunch – diverse food?
- Start gathering best practice and put in binder (like CalWORKS)
- Need bigger room
- Solution and money
- Tell out the basics and give answers i.e. elements, eval criteria
- Examples of M.O.U. s agreements between counties serving cross-jurisdictional clients
- Statewide data on implementation
- Evaluation methodologies
- A coordinated MIS system that we can all use to submit data to state agencies
- More emphasis on making the court system work effectively with all of the Prop 36 requirements
- Plenty of discussion regarding Best Practices. Need to hear very specific solutions to a host of implementation problems.